

**SOMERSET PARTNERSHIP NHS FOUNDATION TRUST**  
**SAFEGUARDING CHILDREN ANNUAL REPORT 2012/13**

**Report to the Trust Board June 2013**

<b>Sponsoring Director:</b>	Director of Nursing and Patient Safety
<b>Author:</b>	Named Nurse Safeguarding Children
<b>Purpose</b>	The purpose of this report is to provide both assurance and evidence to the Somerset Partnership NHS Foundation Trust Board that the Trust is fulfilling its statutory responsibilities to safeguard children and young people as set out in Section 11 of the children Act 2004.
<b>Links to Strategic Objectives:</b>	<p>This report relates to the following Somerset Partnership NHS Foundation Trust strategic objectives:</p> <ul style="list-style-type: none"><li>• to continue to improve the quality and safety of our services and to improve further the experience of patients, carers and families in contact with our services;</li><li>• to realise the benefits for patients and staff of the acquisition of Somerset Community Health by integrating mental health and community health services bridging the artificial divide between physical and mental health;</li><li>• to value, support and empower all our staff and volunteers to do their best through education, training and personal development to deliver high quality services which are responsive to the needs of patients, carers and families;</li><li>• to promote innovation and service redesign based on best practice and working with partner organisations, to maximise efficiency and effective care in response to the major financial challenges facing the Trust; the wider NHS and other public and voluntary sector organisations.</li></ul>
<b>Links to the NHS Constitution:</b>	Patient Rights and Pledge to which the issues raised in this report relate:

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	<ul style="list-style-type: none"> <li>• quality of care and the environment</li> <li>• respect, consent and confidentiality.</li> </ul> <p>Staff Rights, Duties and Pledges to which the issues raised in this report relate:</p> <ul style="list-style-type: none"> <li>• to provide all staff with personal development, access to appropriate training for their jobs and line management support to succeed;</li> <li>• to provide support and opportunities for staff to maintain their health, wellbeing and safety;</li> <li>• to engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families;</li> <li>• to support all staff in raising concerns at the earliest reasonable opportunity about safety, malpractice, or wrongdoing at work, responding to an, where necessary, investigating the concerns raised and acting consistently with the Public Interest Disclosure Act 1998.</li> </ul>
<p><b>Links to CQC Outcomes:</b></p>	<p>This report can be linked to the following CQC Outcomes:</p> <ul style="list-style-type: none"> <li>• Outcome 7: Safeguarding people who use services from abuse.</li> </ul>
<p><b>Legal or statutory implications/ requirements:</b></p>	<p>No new national, regulatory, and/or mandatory guidance has been issued during the reporting period which has had an impact on the activity report or has had a wider impact on the Trust. The Statutory Guidance <i>Working Together to Safeguarding Children</i>, published on April 15<sup>th</sup> 2013 will be reported on in the 2013 – 2014 Annual Report</p>
<p><b>Public/Staff Involvement History:</b></p>	<p>Staff involvement in clinical audit processes has informed the following:</p> <ul style="list-style-type: none"> <li>• changes to training modules;</li> </ul>

	<ul style="list-style-type: none"> <li>• clinical practice within Public Health Nursing, Minor Injury Units and CAMHS;</li> <li>• professional documentation guidance;</li> <li>• clinical supervision processes.</li> </ul>
<b>Previous Consideration:</b>	This report has not been reviewed by another Board, Committee or Governance Group before submission to the Board.
<b>Recommendation:</b>	The Board is asked to note the contents of this report.

## Executive Summary

1. This is an Executive Summary illustrating the progress Somerset Partnership NHS Foundation Trust has made in fulfilling its statutory responsibilities to safeguard and promote the welfare of children, (as set out under Section 11 of the Children Act, 2004).
2. The Annual Report summarises the key responsibilities the Trust is required to comply with to discharge its statutory duties and discusses ongoing Health Reforms.
3. The report sets out the evidence available and measures the effectiveness of safeguarding arrangements for children and young people within the Trust during 2012-2013 to assure the Board that Somerset Partnership are meeting their statutory responsibilities as set out at 1.1 above.

### **Local Safeguarding Children Board**

4. The report illustrates that the Local Safeguarding Children Board, (LSCB), continues to facilitate the co-operation of local agencies to safeguard and promote the welfare of children.
5. LSCB figures illustrate that a mean of 297 are subject to child protection plans in any one month during 2012 - 2013 with Emotional Abuse being the highest category of registration.

### **Safeguarding arrangements within Somerset Partnership**

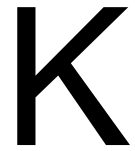
6. The report illustrates that safeguarding activity of Trust staff gives excellent evidence of compliance with CQC Outcome 7, illustrating that previous increases in activity have been sustained.
7. The report illustrates that governance arrangements are robust, with Board representation and a team of safeguarding professionals in post, including a Named Doctor and Named Nurse.

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8. The report illustrates that a number of policies have been reviewed and updated during the reporting period and a robust Clinical Audit Programme is in place to analyse their effectiveness.
9. The report illustrates that on 31 March 2013 training attended figures were as follows:
  - Level 1 94% (93%) trained with a further 0.5% booked to train;
  - Level 2 92% (72%) trained with a further 4% booked to train;
  - Level 3 87% (83%) trained with a further 10% booked to train.
10. Looked After Children, the Child Death Review process, Serious Case Reviews and Safer Recruitment are also reviewed within the report.

### **Next Steps**

11. A number of actions have been identified to drive further improvements in the safeguarding of children and young people within the Trust and the actions are set out in the report.



**SAFEGUARDING CHILDREN**  
**ANNUAL REPORT 2012 - 2013**

**Named Nurse Safeguarding Children**  
**April 2013**

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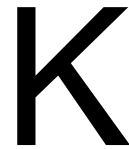
**SOMERSET PARTNERSHIP NHS FOUNDATION TRUST**  
**SAFEGUARDING CHILDREN ANNUAL REPORT 2012-2013**

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## **SAFEGUARDING CHILDREN ANNUAL REPORT 2012-2013**

### **1. PURPOSE**

- 1.1 The purpose of this report is to provide both assurance and evidence to the Somerset Partnership NHS Foundation Trust Board that the Trust is fulfilling its statutory responsibilities to safeguard children and young people.

### **2. INTRODUCTION**

- 2.1 Somerset Partnership has a statutory responsibility to make arrangements to safeguard and promote the welfare of children and young people, (as set out under section 11 of the Children Act, 2004).
- 2.2 This report provides the Trust Board with assurance that Somerset Partnership is meeting its statutory responsibilities as set out under Section 11 of the Children Act 2004.
- 2.3 This report provides an overview of the Trust's current progress in ensuring robust systems are in place to safeguard children and young people and provides details on the planned future service developments.
- 2.4 Following the tragic death of baby Peter Connolly in 2007 there has been an increasingly high focus placed on safeguarding children. Lord Laming's report on Child Protection and Safeguarding in England published in March 2009 and the Government response in May 2009 has had a strong influence on both the national and local agenda.
- 2.5 Keeping children safe is both complex and demanding and requires practitioners to have high levels of commitment and skill.

### **3. NATIONAL STRATEGY AND GUIDANCE**

#### **The Children Act 2004**

- 3.1 Section 11 of the Children Act places organisations under a duty to ensure that, in discharging their functions, they have regard to the need to safeguard and promote the welfare of children. This guidance sets out the key features of effective arrangements to safeguard children which all agencies need to take account of when undertaking their particular functions.
- 3.2 To discharge the duty under section 11 of the Children Act the Trust is required to be compliant with the Care Quality Commission Outcome 7 and Standard 5 of the National Service Framework for Children both of

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which relate to safeguarding and promoting the welfare of children and young people.

- 3.3 The Children Act 2004 reinforces the statutory duty on the NHS to contribute to the achievement of the five outcomes identified for children and young people in the Children's Bill 2004, and to co-operate in the functioning of the Local Safeguarding Children's Board (LSCB).
- 3.4 NHS Trusts are required to co-operate in arrangements to improve information sharing, common assessment of children's needs, provision of services, and to increase training of staff in how to recognise and raise child protection concerns.

## **Health Reform**

- 3.5 A central feature of the NHS Reform Programme is to devolve commissioning responsibilities and budgets to groups of GP practices. The Somerset Clinical Commissioning Group, (CCG), was one of three new health commissioning organisations in the South West to be authorised on 11 December 2012. The decision means that the Somerset CCG will take over the statutory responsibility of commissioning health services for Somerset's 540,000 residents from 1<sup>st</sup> April 2013.
- 3.6 A report produced by the NHS Commissioning Board entitled the *Future commissioning arrangements of health care: safeguarding children accountabilities and responsibilities* has been considered by the Somerset CCG. The report includes safeguarding guidance detailing the need to establish appropriate systems, plans to train all staff, access to designated expertise and clear lines of accountability and cooperation.
- 3.7 Subsequently on 21 March 2013 the NHS Commissioning Board published an accountability and assurance framework entitled *Safeguarding Vulnerable People in the Reformed NHS*. This document describes how the new NHS system will work from April 2013 and aims to:
- promote partnership working to safeguard children, young people and adults at risk of abuse, at both strategic and operational levels;
  - clarify NHS roles and responsibilities for safeguarding, including in relation to education and training;
  - provide a shared understanding of how the new system will operate and, in particular, how it will be held to account both locally and nationally;

- ensure professional leadership and expertise are retained in the NHS, including the continuing key role of designated and named professionals for safeguarding children;
- outline a series of principles and ways of working that are equally applicable to the safeguarding of children and young people and of adults in vulnerable situations, recognising that safeguarding is everybody's business.

3.8 Sections 11 and 13 of the 2004 Children Act have also been amended so that the NHS Commissioning Board and Clinical Commissioning Groups have identical duties to those previously applying to Primary Care Trusts (PCTs) and Strategic Health Authorities – that is to have regard to the need to safeguard and promote the welfare of children and to be members of Local Safeguarding Children Boards.

#### **Care Quality Commission**

3.9 The Care Quality Commission is the independent health and adult social care regulator for England, regulating care provided by the NHS, local authorities, private companies and voluntary organisations.

3.10 The tragic death of 'Baby Peter' in Haringey in 2007, followed by the published Serious Case Review Report in 2008, led the Secretary of State for Children, Schools and Families to commission Lord Laming to provide an urgent report on the arrangements across England to safeguard and protect children. Lord Laming made 58 recommendations in his report published in March 2009, all of which were accepted by the government who published their response in May 2009.

3.11 Many of the 58 recommendations from the Laming report required action at a national level. This included a revision of 'Working Together to Safeguard Children', statutory guidance for safeguarding children practice, the establishment of a National Safeguarding Delivery Unit and a review of the Healthy Child Programme.

3.12 Somerset had an Announced Inspection by OFSTED and the CQC in April 2012 which focused on safeguarding children and the services for looked after children within Health and Social Care agencies in Somerset. The outcomes and actions from the inspection are discussed below.

#### **The Munro Review**

3.13 Following Lord Lamings' 2009 report on the progress of safeguarding in England Professor Eileen Munro was commissioned to review safeguarding children practice. Three reports have since been produced entitled:

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- “The Munro Review of Child Protection: Part One - A Systems Approach”;
- “The Munro Review of Child Protection: Interim Report – The Child’s Journey”;
- “The Munro Review of Child Protection: final report - a child-centred system”.

3.14 In response to recommendations from Professor Eileen Munro’s review the statutory guidance *Working Together to Safeguard Children* has been revised and was published by the Government on 21 March 2013. The updated guidance clarifies the core legal requirements on individuals and organisations to keep children safe. It sets out, in one place, the legal requirements that health services, social workers, police, schools and other organisations that work with children, must follow and emphasises that safeguarding is the responsibility of all professionals who work with children. The guidance will come into effect from 15 April 2013.

## **4. SOMERSET LOCAL SAFEGUARDING CHILDREN BOARD**

- 4.1 The 2004 Children Act required each Local Authority to establish a Local Safeguarding Children Board (LSCB). Somerset Local Safeguarding Children Board was established in October 2005.
- 4.2 The LSCB is the key statutory mechanism for agreeing how relevant organisations in each area will co-operate to safeguard and promote the welfare of children.
- 4.3 All NHS Trusts in Somerset are represented on the Board and the Head of Children and Young People’s Services attends on behalf of the Trust.
- 4.4 In line with the Laming recommendations the Somerset LSCB has appointed an Independent Chair.
- 4.5 The LSCB has specific sub groups for training, policies and procedures and audit, which all have representatives from Somerset Partnership. The Health Advisory Group is a sub group of the LSCB that brings together all of the Safeguarding professionals from all the NHS Trusts in the county including Somerset representatives from the South West Ambulance Service NHS Trusts, and the regional office of NHS Direct.
- 4.6 The LSCB receives regular statistical reports in relation to child protection processes and county wide activity. The data below, (Tables 1 - 4), relate to the LSCB *Case Conference Chairs Report*, tabled at the LSCB meeting on 25 April 2013.

- 4.7 The table below, (Table 1), illustrates the number of Child Protection Case Conferences held, not the number of children involved. It shows a large increase (approx one third) in 2010/11 and that this increase was maintained in 2011/12.

**Table 1: Numbers of Child Protection Case Conferences held 2009 - 2012**

<b>2009/10</b>	<b>Mendip</b>	<b>Sedgemoor</b>	<b>South Somerset</b>	<b>Taunton</b>	<b>All</b>
<b>Initial*</b>	25	31	51	54	161
<b>Review</b>	86	69	85	87	327
<b>Total</b>	108	100	136	141	485
<b>2010/11</b>	<b>Mendip</b>	<b>Sedgemoor</b>	<b>South Somerset</b>	<b>Taunton</b>	<b>All</b>
<b>Initial*</b>	39	48	56	85	228
<b>Review</b>	63	81	128	145	417
<b>Total</b>	102	129	184	230	645
<b>2011/12</b>	<b>Mendip</b>	<b>Sedgemoor</b>	<b>South Somerset</b>	<b>Taunton</b>	<b>All</b>
<b>Initial*</b>	40	67	47	64	218
<b>Review</b>	76	109	95	151	431
<b>Total</b>	116	176	142	215	649

- 4.8 Data collated from March to November 2012, (Table 2), suggests overall figures for 2012/13 will be higher than last year in all areas except Taunton – assuming work continues to accrue at the same rate.

**Table 2: Numbers of Child Protection Case Conferences held March – November 2012**

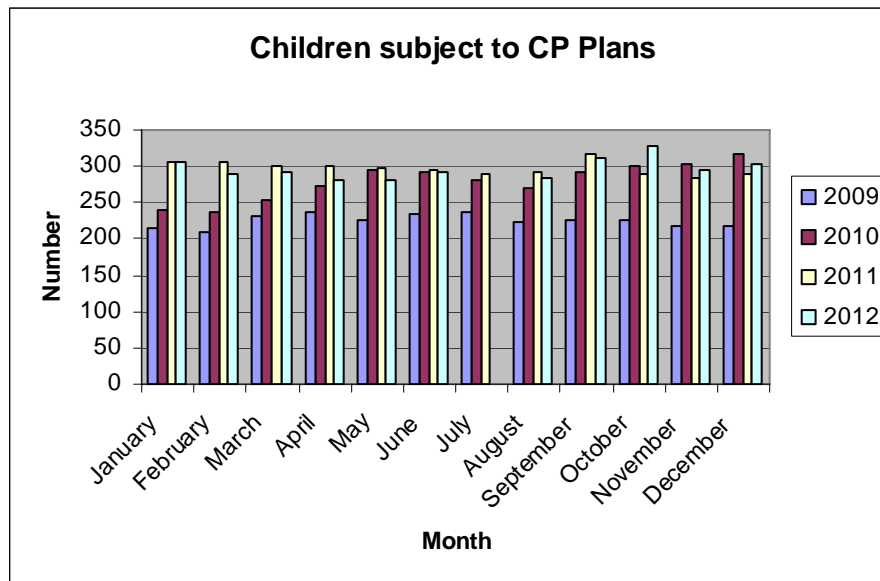
<b>2012/13</b>	<b>Mendip</b>	<b>Sedge-moor</b>	<b>South Somerset</b>	<b>Taunton</b>	<b>All</b>
<b>Initial*</b>	57	43	40	50	190
<b>Review</b>	108	53	70	108	339
<b>Total</b>	165	96	110	158	529
<b>% of last year's total</b>	83%	94%	77%	73%	82%

- 4.9 Overall the last four years has seen a significant increase in the volume of child protection work reaching Child Protection Case Conference in Somerset, (Tables 3 and 4). This is broadly in line with the experience of other areas of the South West and England as a whole. The significant increases in 2009/10 are largely attributed to the Peter Connelly case.

**Table 3: Numbers of Children Subject to Child Protection Plans at the beginning of each month**

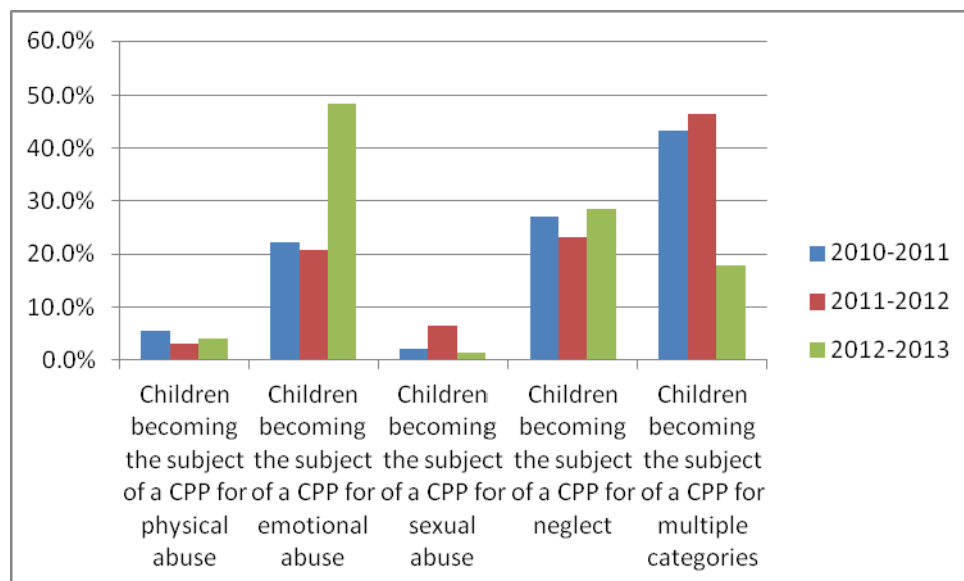
	2009	2010	2011	2012
January	216	240	305	307
February	210	237	305	290
March	231	253	300	292
April	238	272	301	282
May	225	295	297	282
June	233	291	294	293
July	237	281	289	300
August	224	270	293	283
September	225	291	318	312
October	226	300	289	328
November	219	303	285	295
December	219	317	289	304
Mean	225.3	279.2	297.1	297.3

**Table 4: Numbers of Children subject to Child Protection Plans by Month 2009 - 2012**



4.10 Table 5 illustrates that the highest categories of registration were emotional abuse, (48% compared to the previous year's figure of 25%) and neglect, (29% compared to the previous year's figure of 27%). 18% of children were registered in multiple abuse categories which is a significant decrease compared to last years figure of 43%. This is in part due to changes in recording abuse categories within the Local Authority.

**Table 5: Children subject to a Child Protection Plan, (CPP), by abuse category, illustrated as percentages 2010 - 2013**



## 5. CHILD PROTECTION ACTIVITY

### Mental Health Directorate

- 5.1 Invitations for Mental Health staff to attend Child Protection Case Conferences are received and reviewed by the Trust Mental Health Safeguarding Children and Vulnerable Adults Lead Nurse. Each invitation is cross referenced with the electronic patient record and documented. Liaison takes place to ensure there is representation at the conference from the Trust by either the staff actively involved or a member of the Safeguarding Team. The minimum standard is for a report to be provided by the staff involved if attendance is not possible.
- 5.2 Recent DATIX reports and information from members of the Trust Safeguarding Children Team have highlighted a number of occasions' where adequate representation at Case Conferences has not taken place. A memo is currently being prepared, from the Director of Mental Health and Social Care and the Named Nurse, highlighting the concerns and reminding staff of their responsibilities to fully participate in child protection activities as described in the Trust *Child Protection Policy*.
- 5.3 The Trust's RiO electronic patient record system provides quarterly safeguarding children activity reports to the Named Nurse. As part of the ongoing Trust integration programme Children and Young People's Services staff, (Public Health Nursing and Integrated Therapy Services), are currently migrating onto the RiO system. The Named Nurse has requested further quarterly reports of safeguarding activity, in line with

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those currently reported by the Mental Health Directorate, (Table 6), to illustrate the safeguarding children activity of these services.

- 5.4 It is encouraging to observe that Mental Health staff have reported increased numbers of safeguarding issues during the last twelve months. One explanation may be the increased staff awareness of safeguarding issues due to increased child protection training by some staff groups and the impact of the Francis Inquiry and subsequently published report.

**Table 6: 2012 – 2013 Mental Health Directorate Safeguarding Activity**

Safeguarding Progress Notes entered onto patient records by Trust Mental Health Safeguarding Team, (2011-2012 figures in brackets)	<b>4050</b> (2888) progress notes entered on <b>3377</b> (1083) separate patients  NB these figures include data for adults at risk as well as child safeguarding concerns
Safeguarding Documents uploaded under the 'SAFE' code, (2011-2012 figures in brackets)	<b>2376</b> (1444) <b>65% increase</b>
Number of individual patients with 'SAFE' documents	Under 18 years = <b>196</b> Over 18 years = <b>348</b>
Number of Safeguarding Alerts on patient records (end of 2011-2012 reporting period position in brackets)	Domestic Abuse- alleged perpetrator = <b>1226</b> (866) <b>41% increase</b> Domestic Abuse victim = <b>102</b> (679) <b>51% increase</b> Safeguarding Children Concerns = <b>2022</b> (1485) <b>36% increase</b> Vulnerable Adults = <b>1423</b> (1133) <b>25% increase</b>  <b>TOTAL = 5695</b> (4163) 37% increase overall

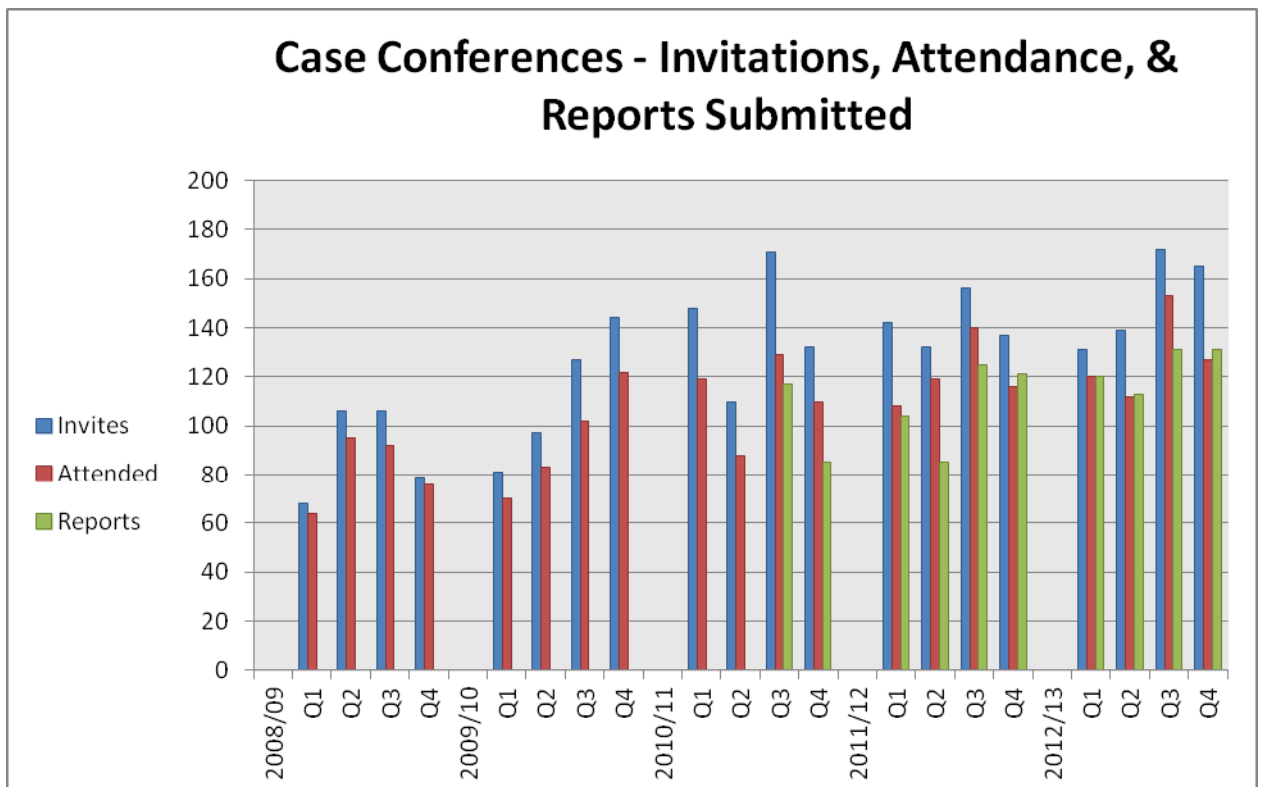
### Community Health Directorate

- 5.5 The Public Health Nursing Child Protection Activity data is collated by the Named Nurse to provide assurance evidence for Care Quality Commission Outcome 7 and to identify trends which informs future training and policy / practice development, (Appendix 1). This data has been consistently collated since 2008 and the data reported illustrate upward trends that have been sustained. This data concurs with figures from the Local Safeguarding Children Board and with anecdotal reports from clinical staff.



5.6 Attendance at Child Protection Conferences, (Table 7), and other meetings relating to safeguarding children by the Public Health Nursing Service is monitored on a quarterly basis by the Named Nurse. Overall attendance for the year has been 84% compared with 86% for the previous year. Where attendance has been less than 100%, (due to staff sickness, vacancies and short notice invitations), actions have been taken to address this through the incident reporting process.

**Table 7: Attendance at Child Protection Case Conferences 2008 – 2013**



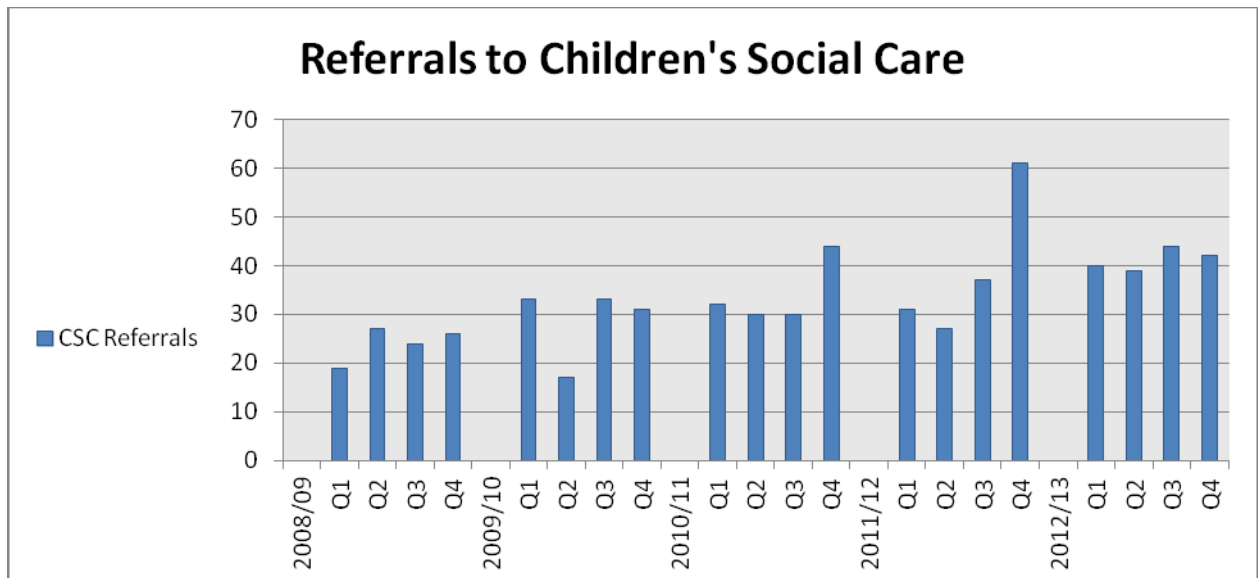
5.7 Overall the number of meetings called shows increase in all areas with the exception of Core Group meetings. This supports staff anecdotal evidence of increased child protection activity and the increased awareness of the health of Looked After Children and the need to ensure Health professionals are involved in all multi agency meetings for this most vulnerable group children and young people. The decrease in Core Assessment invitations and attendance cannot be explained, particularly as an increase in the numbers of case conference invitations received was reported. However the migration to RiO will ensure more accurate data is collated in the future.

5.8 Referral and assessment trends are also monitored by the Named Nurse. Anecdotal evidence from practitioners suggests that activity levels have been sustained and/or increased from previous years. The following statistical evidence confirms this:

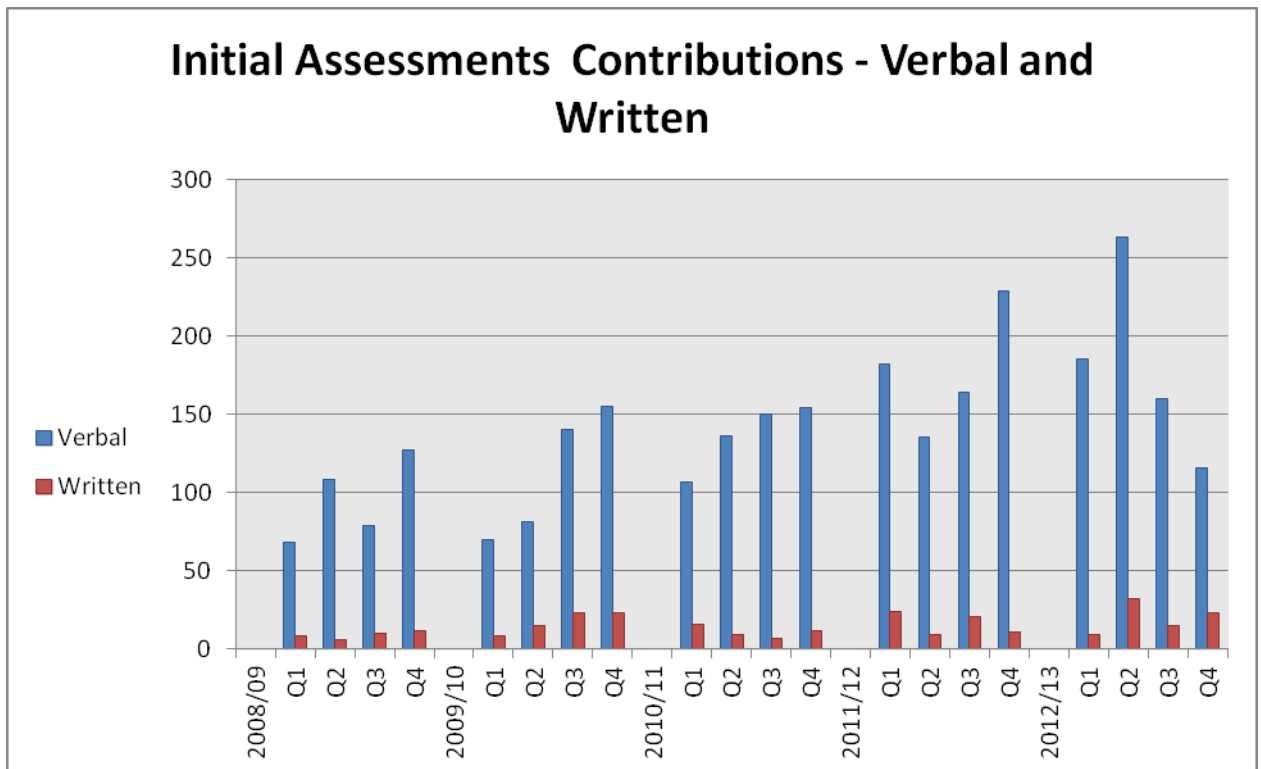
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- 6% increase in the number of referrals made to Children’s Social Care during the year, (Table 8). There was a 14% increase in 2011 – 2012;
- 38% increase in the number of written contributions staff have made to Initial Assessment processes, (Table 9). There was a 68% increase in 2011 – 2012;
- 52% increase in the number of written contributions staff have given to Core Assessment processes, (Table 10);
- 12% increase in the number of Court Reports produced, (28 reports completed compared with 25 for the previous year and only 7 for 2010 – 2011 when reporting for this activity began).

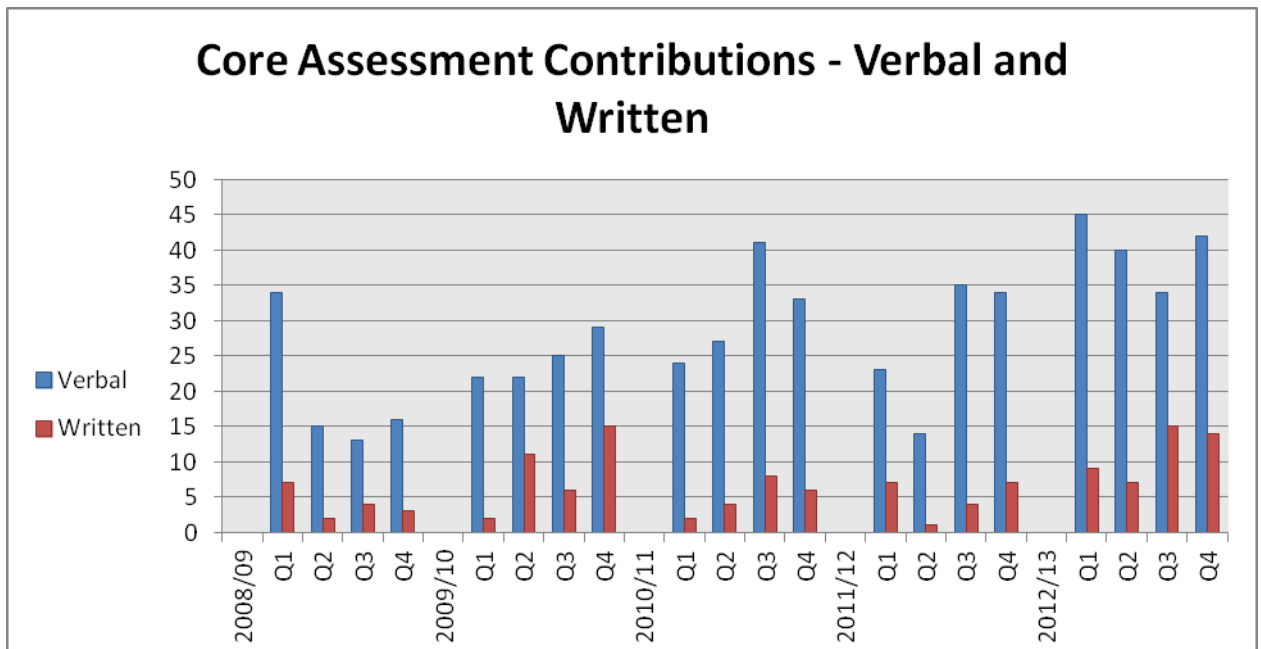
**Table 8: Referrals to Children’s Social Care 2008 – 2013**



**Table 9: Initial Assessment Contributions 2008 – 2013**



**Table 10: Core Assessment Contributions – 2008 – 2013**



5.9 Trust staff child protection activity data is monitored by the Safeguarding Children Best Practice and Steering Groups, the Clinical Governance Group, the Children and Young People’s Service

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Management Meeting and the Clinical and Social Care Effectiveness Group.

- 5.10 Figures depicting numbers of current child protection clinical supervision cases, domestic abuse notifications received and hours spent on child protection clinical supervision collated by the Named Nurse is also submitted, (Appendix 2). This information continues to be shared with Children and Young People's Service Managers to ensure that skilled staff members are deployed to the areas of greatest need and consideration is given to caseloads in terms of the level of child protection activity. The information has also been used to influence decisions regarding the placement of student health visitors. 2012 – 2013 data illustrates increasing numbers of active child protection clinical supervision cases but fluctuating numbers of domestic abuse notifications received.

## **6. SAFEGUARDING ARRANGEMENTS WITHIN SOMERSET PARTNERSHIP**

### **Board Lead and Assurance Arrangements**

- 6.1 The Director of Nursing and Patient Safety is the Executive lead with responsibility for safeguarding children. Judith Newman is the Non Executive Director who takes specific responsibility for Safeguarding both adults and children. The Trust has a Safeguarding Children Steering Group which is chaired by the Director of Nursing. It has met quarterly since September 2011. The purpose of the group is to develop, support and monitor Safeguarding activities within the Trust; this group reports to the Clinical Governance Group. Membership includes Named and Designated professionals for Safeguarding, Head of Children and Young People's Service and representation from the Mental Health Directorate.
- 6.2 Outcomes and learning from Serious Case Reviews are monitored monthly at the Children and Young People's Service Manager meeting and quarterly at both the Safeguarding Children Steering Group and at the Clinical Governance Group.
- 6.3 The Safeguarding Children Best Practice Group has also met quarterly since September 2011. It has been extended to include CAMHS representation. The group is chaired by the Trust Named Nurse for Safeguarding Children. The Best Practice Group reports to the Safeguarding Children Steering Group on a quarterly basis. It is responsible for:
- ensuring that policies, protocols and clinical practice for child protection within the Trust are fit for purpose and reflect current best practice and research;

- ensuring that mechanisms exist to monitor the effectiveness of child protection policies, protocols and practices within the Trust;
- monitoring the progress of:
  - action plans developed from Internal Health Community Reviews;
  - Local Safeguarding Children Board action plans in relation to Serious Case Reviews;
  - serious untoward incidents that relate to child protection;
- that lessons learnt are disseminated to staff in order to improve and develop practice;
- developing, implementing and monitoring a rolling programme of audit based on national and local policy to ensure that agreed safeguarding and child protection standards are maintained and to ensure improvements in systems and practice;
- developing and agreeing action plans in relation to audits and as a result of clinical incidents to address other key issues and achieve effective implementation of safeguarding and child protection policies;
- making recommendations for service improvements;
- report to and receive information from the Safeguarding Children Steering Group;
- report to and receive information from the LSCB and its sub-groups.

### **Named Professionals for Safeguarding Children**

- 6.4 The Named Nurse works closely with a team of three Locality Safeguarding Children Nurses, a half time Mental Health Directorate Safeguarding Children Nurse and the Named Doctor in order to provide Child Protection cover for each of the four geographical areas.
- 6.5 The Named, Locality and Mental Health Directorate Safeguarding Children Nurses provide Child Protection supervision, advice and a comprehensive training package across the Trust.
- 6.6 The Named Doctor is a member of the Safeguarding Children Steering and Best Practice Groups.
- 6.7 The Designated Nurse who is employed by Somerset Clinical commissioning Group has a role in clinical supervision of the Named

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Nurse, and also acts as an expert safeguarding children resource to the Named and Locality Safeguarding Children Nurses.

- 6.8 The Designated Doctor who is employed by Yeovil District Hospital NHS Foundation Trust provides clinical supervision and acts as an expert safeguarding children resource for the Named Doctor.
- 6.9 The Named Nurse provides six weekly clinical supervision to the Locality and Mental Health Directorate Safeguarding Children Nurses.
- 6.10 The quality of practitioner's records, referrals to Children's Social Care, contributions to multi-agency assessments and reports for Child Protection Conferences by Trust staff are monitored on an ongoing basis by the Named and Locality Safeguarding Children Nurses as part of the clinical supervision arrangements.
- 6.11 The Named and Locality Safeguarding Children Nurses continue to audit Public Health Nursing professional records as part of the two monthly Child Protection Clinical Supervision process to ensure practitioners record keeping is of a high standard. If there are any concerns relating to professional practice they are discussed with the practitioner, the line manager and an agreed action plan is developed to address the issues concerned. The 2012 Documentation Audit identified improvements in record keeping but recognised the need to continue this beneficial process.

## **7. POLICIES AND COMMUNICATION**

- 7.1 Within the South West, there are Child Protection Procedures that are maintained as an up to date resource for all staff to use. The procedures set the standard for good practice and are underpinned by evidence from research. This promotes uniformity of practice in child protection across the region.
- 7.2 The web-based multi-agency South West Child Protection Procedures, ([www.swcpp.org.uk](http://www.swcpp.org.uk)), are in place and are updated in accordance with local and national policy developments and recommendations from Case Reviews. These policies are made available through the Somerset LSCB website, ([www.somerset safeguarding children board.org.uk](http://www.somerset safeguarding children board.org.uk)), and both websites are also available via a link on the Trust intranet. All amendments and additions to policy are agreed by a regional steering group and any changes in practice are disseminated to Trust staff by the Named Nurse.
- 7.3 The following Policies have been developed, ratified and disseminated to staff in 2012 – 2013:

- Managing Historic Allegations of Child Abuse and Neglect Policy;
- Child Protection Legal Guidance Policy;
- Sexual Assault Care Pathway.

7.4 The following Policies, Protocols and Guidance are currently progressing through the Trust ratification process:

- Clinical Supervision in Child Protection Case Work Policy;
- Working with Fathers and Other Male Carers Protocol;
- No Response Policy;
- Identification and Management of Domestic Abuse Policy.

7.5 The fully integrated Trust *Child Protection Policy* has been updated and ratified by the Trust Board on two occasions in 2012 – 2013, once to update the flow chart of child protection processes to include reference to DATIX reporting and once to update Trust staff contact numbers. The policy is currently undergoing a further revision to add guidance for staff regarding what child protection circumstances would require the completion of a DATIX incident report.

7.6 The Named Nurse and a senior health visitor are currently collaborating to produce a policy which will identify a clear process for identifying and assessing patients and clients thought to be victims of domestic abuse. The first draft of the *Identification and Management of Domestic Abuse Policy* is currently being reviewed by the Health Visitor Best Practice Group.

## 8. CHILD PROTECTION TRAINING

8.1 Somerset Partnership NHS Foundation Trust has a clear Child Protection Training Strategy detailing all levels of child protection training available to staff and clear instructions to indicate which staff groups require which level of training.

8.2 The majority of child protection training is provided by the Named Nurse and Locality Safeguarding Children Nurses through taught sessions delivered at a variety of venues across the county. 440 level 3 places and 220 Level 2 places are provided annually. A number of service specific sessions have also been provided to CAMHS and the Podiatry service in the last twelve months. Staff also have the option of accessing e-learning training at Level 2 and viewing an audio DVD at Level 1. Multi agency training, provided by the Somerset Local

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Safeguarding Children Board, is also available and is a mandatory requirement of level 3 competence.

- 8.3 During 2012 – 2013 “Twenty Questions” level 1 e-learning training has been developed by the Named Nurse in partnership with the Training and Development Department to give staff a further option for completion of mandatory training.
- 8.4 On 31 March 2013 training attended figures were as follows, (figures at 31 March 2012 in brackets):
- Level 1 94% (93%) trained with a further 0.5% booked to train;
  - Level 2 92% (72%) trained with a further 4% booked to train;
  - Level 3 87% (83%) trained with a further 10% booked to train.
- 8.5 At levels 1 and 2 training rates have increased over the last twelve months. Level 3 figures have fluctuated during the year but overall the trend appears to be rising. The Named Nurse and Head of Training and Development have reviewed the staff groups allocated to each level of training to ensure the correct staff access the correct training level. The Named Nurse is currently developing an e-learning module for use at level 3. It is hoped this training will give staff greater flexibility in how this level of training is accessed.
- 8.6 The Trust continues to train a large number of Student Health Visitors as part of the Health Visitor Implementation Programme. For these students a specific plan of training has been developed by the Named Nurse and Professional Lead for Health Visiting to ensure the students will be competent to manage child protection cases immediately following completion of their training. In 2012 – 2013 Student Health Visitors were also trained in the newly developed Health Visitor Family Health Needs Assessment Tool and provided with a further child protection training update to enable them to understand the lessons from recent Internal Health Reviews and the completed Serious Case Review.

## **9. AUDIT**

### **9.1 Public Health Nursing Child Protection Clinical Supervision Audit**

- 9.1.1 The audit cohort consisted of all Health Visitors and School Nurses within Somerset Partnership. Data collection took place during March – May 2012. The audit tool had been used for the previous audit in 2009 was used for this audit. The findings of the audit report represented the views of the 62 members of staff (44 Health Visitors and 18 School Nurses) who responded. The compliance rate was 57%, based on the



overall cohort of 108 members of staff requested to respond to this audit.

- 9.1.2 The data analysed illustrated an overall improvement in the quality of child protection clinical supervision compared to the previous audit. However the low compliance rate is of concern and would influence the analysis as should external influences of increasing numbers of supervised cases, ongoing staffing shortages and the a vacant Locality Safeguarding Children Nurse post due to a recent retirement.
- 9.1.3 An action plan was devised which has since been completed. A key piece of work to come out of the audit was the development of a new integrated Trust *Child Protection in Clinical Supervision Case Work Policy*.

## **9.2 Local Safeguarding Children Board Audit of Pre Birth Assessments**

9.2.1 OFSTED published *Ages of concern: learning lessons from serious case reviews* in 2011. This document highlighted that 35% of the cases subject to Serious Case Reviews and examined by OFSTED between 2007 and 2011 involved babies under the age of one year.

9.2.2 OFSTED recommended that all LSCBs should:

“consider carrying out an audit to check that pre-birth assessments are routinely being carried out whenever there may be safeguarding risks to the unborn child”.

9.2.3 To capture cases where there may have been antenatal child protection concerns, cases were retrieved for babies:

- born between 1 May 2011 and 1 February 2012;
- who have had a Child Protection Plan or had been Looked After at any point, (including a pre-birth Child Protection Plan) until 1 May 2012;
- who were Somerset children at birth – disregarding any who were transferred in after birth.

This equated to 76 babies.

9.2.4 Somerset Partnership health visitors were asked for information about the health care, first contact, and awareness and documentation of Child Protection concerns for all the children in the cohort.

9.2.5 Results were received for 83% of the children in the cohort. The remaining children were no longer in Somerset at the time of the audit. The report concluded that health visitors correctly recorded child

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protection concerns. Concerns were identified regarding communication from Children's Social Care to the health visiting service in terms of placement moves and dates and times of meetings.

- 9.2.6 Children's Social Care has since update default invitation templates for key child protection meetings. The Named Nurse continues to escalate staff concerns regarding poor information sharing to Children's Social Care to ensure each issue is individually investigated and resolved.

### **9.3 Post OFSTED/CQC Inspection Public Health Nursing Documentation Audit**

- 9.3.1 As a result of the CQC/OFSTED inspection in April 2012, some concerns were raised about the quality of Health Visitor and School Nurse professional records. As a result of these concerns the Named Nurse and Health Visitor Professional Lead decided to expedite the annual documentation audit.
- 9.3.2 Clinical records were inspected between 1 July 2011 and 31 August 2012. On completion of the data collection the audit tools were analysed by the Named Nurse Health Visitor Professional Lead.
- 9.3.3 A total of 89 Health Visitor and 23 School Nursing staff were audited resulting in review of 544 records (compared to 243 records in the previous years' audit).
- 9.3.4 The results of the audit illustrated a significant improvement in the quality of clinical records in all areas with only one audit standard remaining with a red RAG rating.
- 9.3.5 As a result of the audit all health visitor and school nurse staff completed a safeguarding children update to feedback the results of the audit and other key safeguarding lessons to be learnt.
- 9.3.6 A key piece of work to come out of both this and the previous years' audit was the development of a Family Health Needs Assessment process that has since been disseminated to all health visiting staff. Compliance with this will be assessed in the 2013 Public Health Nursing Documentation Audit.

### **9.4 CAMHS Safeguarding Knowledge and Skills Audit**

- 9.4.1 Following two Serious Case Reviews in 2010/2011 within the Somerset Health Community it was recommended that an audit was carried out to assess staff awareness of both non compliance and domestic abuse management procedures. This process enabled Somerset Community Health to gauge the level of safeguarding children knowledge, compliance and understanding across the organisation. A subsequent audit was completed in September 2011

- 9.4.2 Following the acquisition of Somerset Community Health by Somerset Partnership NHS Foundation Trust and the subsequent reorganisation of CAMHS services within the Children and Young People's Service it was recognised that a similar audit was required to give assurance that CAMHS staff were also aware of key safeguarding children processes.
- 9.4.3 The previous audit tool was reviewed and updated by both the Named Nurse and the CAMHS Service Manager to ensure the questions were relevant for the CAMHS staff groups to be audited.
- 9.4.4 The audit tool was completed on paper or electronically by CAMHS staff during June, July and August 2012.
- 9.4.5 In total 51 responses were received out of a possible 110 giving a compliance rate of 46.36%.
- 9.4.6 Overall staff reported a positive experience for all safeguarding processes they are involved with. Staff reports of training and clinical supervision processes were particularly positive. However the low compliance rate does raise concerns regarding the accuracy of the findings.
- 9.4.7 A key recommendation from this audit was a requirement for all CAMHS managers who provide child protection clinical supervision to their staff to attend the Local Safeguarding Children Board *Child Protection Clinical Supervision* training course.
- 9.4.8 A Children and Young People's Service wide *Safeguarding Knowledge and Skills Audit* will be included in the 2013 – 2014 Safeguarding Children Audit Programme
- 9.5 Quality of Looked After Children Health Review Assessments / Looked After Children Team Documentation Audit**
- 9.5.1 The April 2012 CQC/OFSTED Announced Inspection identified a number of issues with Looked After Children processes including the quality assurance of health records.
- 9.5.2 Following the appointment of a Looked After Children Specialist Nurse in January 2013 all documentation within the Looked After Children team was audited in April 2013.
- 9.5.3 Ten clinical records were audited using the audit tool that had been previously used for the April 2012 OFSTED/CQC inspection audit of clinical records. The tool assessed both the quality of the health record itself and the quality of the health assessments it contained.
- 9.5.4 A number of concerns with record keeping and quality assurance of health assessment documentation were identified. As a result a detailed action plan has been produced and will be monitored by the

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Looked After Children Specialist Nurse. A monthly documentation audit will take place until further notice and the Looked After Children Specialist Nurse will report the findings to the Named Nurse and Clinical Commissioning Group. A quarterly report will also be provided to the Safeguarding Children Steering Group for assurance.

9.5.5 The Looked After Children team have now migrated to the RiO electronic clinical records system which is substantially improving the quality of the records completed. Changes to internal processes have also improved the quality of the health assessments completed.

## 9.6 Audit Plan 2013 - 2014

9.6.1 A programme of the audits planned throughout 2013 - 2014 is detailed in the table below:

**Table 11: Safeguarding Children Audit Programme 2013 - 2014**

<b>Audit</b>	<b>Data Collection</b>	<b>Report</b>
Children and Young People's Service Safeguarding Knowledge and Skills Audit	January 2014	April 2014
Public Health Nursing Documentation Audit	July 2013	September 2013
Quality of Looked After Children Health Review Assessments	Monthly	Monthly
Looked After Children Team Documentation Audit	Monthly	Monthly
Audit of Effectiveness of <i>Identification and Management of Domestic Abuse Policy</i>	April 2014	June 2014
Audit of effectiveness of liaison processes with Dorset and Somerset Fire Service	To be confirmed	

## 10. CQC/OFSTED ANNOUNCED INSPECTION April 2012

10.1 A joint CQC/OFSTED Inspection of Safeguarding and Looked After Children was undertaken in April 2012. Following the inspection Somerset received a judgement of *Good* for safeguarding children and *Inadequate* for Looked After Children.

10.2 Following the inspection the Local Authority and key partners set up an Improvement Board to ensure that the areas for improvement listed in the report were addressed over 6 months. The Trust Chief Executive attends this meeting. NHS Somerset developed an action plan which detailed the work that needed to be taken to achieve the improvements that were required within a clear timescale.

- 10.3 A Looked After Children (LAC) working group was established to monitor progress on these actions and is attended by the Head of Children and Young People Services and the Named Nurse for Safeguarding Children. This group directly reported to the Improvement Board, the Children's Trust and to the NHS Somerset Executive Management team.
- 10.4 The NHS Somerset Action Plan has been completed. A further action plan has been developed by the Head of Children and Young People's Services and the Named Nurse to ensure there continues to be focus and momentum to the initial improvements currently underway. The progress of the action plan is being monitored by the Trust Safeguarding Children Steering Group.

## 11. LOOKED AFTER CHILDREN

- 11.1 The Trust is commissioned by NHS Somerset to provide the following services:
- review Health Assessments for Somerset Looked After Children resident in Somerset;
  - administration and facilitation of Review Health Assessments for Somerset Looked After Children resident outside of Somerset;
  - notification to Taunton and Somerset NHS Foundation Trust, Yeovil District Hospital NHS Foundation Trust and Bath and North East Somerset PCT of Looked After Children requiring Initial and Review Medical Assessments.
- 11.2 311 Somerset Looked After Children met the criteria for requiring a Review Health Assessment within the reporting period 1 April 2012 – 31 March 2013. This is a 9% increase on the previous reporting year.
- 11.3 277 (89%), Somerset Looked After Children received the required health assessments during this period. This figure includes children requiring both Initial Health Assessments, (provided by Paediatricians not employed by the Trust), and Review Health Assessments, (provided by Trust staff), indicating an increase of 2.4% on the overall performance rate compared to the 2011 – 2012 figures.
- 11.4 Of the remaining 34 children, 21 were placed in Somerset and 13 were Looked After out of county. The following actions had been taken in respect of these children at 31 March 2013:
- 7 had been requested;

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- 21 required follow up telephone calls to clinical staff for appointment dates;
- 4 required specific clinic appointments which were being arranged;
- 1 required the completion of a Service Level Agreement which had previously been requested;
- 1 child did not have a formal health assessment but instead required a telephone consultation with the foster carer, as the young person is non-verbal due to learning disability.

11.5 As discussed at point 10.4 above an action plan has been developed to ensure recent improvements are embedded and further improvements are implemented and sustained. The following recommendations are being actioned by the Named Nurse and Looked After Children Nursing Team:

- to ensure the Initial Health Assessment process for Looked After Children is fully implemented as per the NHS Somerset Service Specification ensuring the 28 day timescale is met;
- to ensure the Review Health Assessment process for Looked After Children is fully implemented as per the NHS Somerset Service Specification demonstrating that previous health information held on the child has been fully considered in the assessment process;
- work with Health and Child's Social Care colleagues to ensure the reporting of all information regarding Looked After Children is accurate and timely, facilitating accurate recording of health information and performance reporting that provides a robust process of referral into the LAC Service;
- facilitate the implementation of Strengths and Difficulty Questionnaires across the Service;
- to strengthen the Looked After Children Nursing Team in terms of management and clinical governance processes;
- ensure Initial and Review Health Assessments are appropriately costed;
- to work with the Leaving Care Service to provide appropriate health transitions;
- identify and formalise the process for sharing health information with foster carers and parents;

- scope, plan and implement a formal programme of training for Health staff, Social Care staff and foster carers regarding the health issues of Looked After Children;
- ensure Looked After Children's views on their health needs are included in the development of the service.

11.6 Following the CQC/OFSTED inspection permission was given to recruit a full time Band 7 Looked After Children Specialist Nurse to lead the team of two Band 6 Looked After Children Nurses. Recruitment took place and the new Specialist Nurse took up the post in January. A key part of her role will be to offer some Initial Health Assessments, working alongside the current paediatrician providers of this service, enabling a more accessible and flexible service. All three Looked After Children Nurses report to the Named Nurse for line management.

## **12. CHILD DEATH REVIEW**

- 12.1 From April 2008 all LSCBs had a statutory duty to hold a child death review when a child dies. Chapter 5 in 'Working Together to Safeguard Children' (DFE, 2013), sets out the procedures to be followed when a child dies.
- 12.2 The deaths of all children under 18, (excluding all stillbirths or planned terminations), are reviewed by the Child Death Overview Panel (CDOP) to ensure there is full understanding of events and identification of any factors which would prevent similar deaths in the future. Health Visitors are required to complete a Form B which provides comprehensive information on the baby/child for the panels to review.
- 12.3 During the year 2012-2013 there have been 35 Somerset child deaths.

## **13. SERIOUS CASE REVIEWS**

- 13.1 A Serious Case Review is a multi-agency process instigated when a child dies or is seriously injured and abuse or neglect is suspected. This is undertaken in order to identify if lessons can be learnt and practice improved.
- 13.2 A Serious Case Review can be undertaken if a case gives rise to concerns relating to the way in which local professionals and services worked together to safeguard and promote the welfare of children.
- 13.3 The Serious Case Review is undertaken by the Local Safeguarding Board in accordance with the guidance from 'Working Together to Safeguard Children' (DFE, 2013).

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## **Completed Serious Case Review (Baby A and Baby B)**

- 13.4 Somerset Partnership completed the Internal Agency Action Plan for the Serious Case Review regarding Baby A and Baby B in April 2012. Due to ongoing criminal proceedings the multi agency report and action plan were delayed and not published until March 2013.
- 13.5 The Trust has completed all internal actions and those recommended following the multi agency review.

## **Publication of Serious Case Reviews**

- 13.6 All Serious Case Reviews involving children have been published in full since June 2010. The main aims of publishing all Serious Case Reviews are to enable lessons to be learnt as widely as possible, restore public confidence and to create transparency in the Child Protection System. Within the Trust the Named Nurse has used the lessons learnt from both local and national reviews to inform the recent review of Level 3 training modules and to write two new modules entirely focused on analysing specific Serious Case Reviews.
- 13.7 The overview report regarding Baby A and Baby B can be viewed on the Somerset LSCB website  
[www.somerset safeguarding children board.org.uk](http://www.somerset safeguarding children board.org.uk)

## **Multi-Agency / Health Community / Near Miss Reviews**

- 13.8 When a case of concern does not meet the criteria for a Serious Case Review under Chapter 4 of 'Working Together to Safeguard Children', (DFE,2013), a Multi-Agency, Health Community or Near Miss Review may be undertaken.
- 13.9 Somerset LSCB recognise that there will be some cases which give cause for concern in terms of the safeguarding or protection of a child or young person from significant harm and where there is, or has been, multi-agency involvement but where the full criteria for a Serious Case Review is not met. The purpose of a Multi-Agency, Health Community or Near Miss Review is to:
- establish whether there are lessons to be learnt from the case about the way in which local professionals and organisations work together to safeguard and promote the welfare of children;
  - identify the lessons that can be learnt and areas of practice for future audit;
  - improve multi-agency working and therefore better safeguard and promote the welfare of children and young people.



**Completed Near Miss Review (Child C and Child D)**

- 3.10 The Trust has completed all actions relating to the Near Miss Review for Child C and Child D.

**14. SAFER RECRUITMENT**

- 14.1 Criminal Records Bureau checks are undertaken by the Trust for all staff and volunteers who are recruited to work with children and vulnerable adults and anyone who manages or supervises such staff or has access to information systems that include information about children.
- 14.2 All managers are required to undertake Managing Allegations against Staff training.
- 14.3 The Trust *Recruitment and Selection Policy* is currently being updated to ensure it complies with and references safer recruitment procedures.
- 14.4 No referrals were made to the Local Authority Designated Officer, (LADO), in relation to allegations against staff. To put this figure into context only one referral was made from the Somerset health community as a whole. However advice is regularly sought from the LADO.

**15. NEXT STEPS**

- 15.1 The Named Nurse will continue to collate Child Protection Activity Data and Workforce Planning Data. This will be utilised to provide evidence of assurance for CQC Outcome 7, monitor compliance with core child protection work streams and inform the placement of Public Health Nursing staff, including the extra allocation of Health Visitors, to ensure service equity across local communities. The Named Nurse will work with Informatics to utilise the data produced by the migration to RiO by the Public Health Nursing Service.
- 15.2 The Trust *Child Protection Clinical Supervision Policy* will be finalised, ratified and disseminated to Trust staff.
- 15.3 The Trust *Working with Fathers and Other Male Carers Protocol* will be finalised, ratified and disseminated to Trust staff.
- 15.4 The Trust *No Response Policy* will be finalised, ratified and disseminated to all Trust staff.
- 15.5 The Trust Identification and Management of Domestic Abuse Policy will be finalised, ratified and disseminated to Trust staff. The level 3

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*Domestic Abuse Awareness* module will be updated to reflect the practice changes in the new policy.

- 15.6 The Named Nurse will continue to work with the managers across the organisation to ensure take up of all levels of child protection training is improved and maintained.
- 15.7 A Level 3 e-learning module will be developed as a priority to ensure staff have maximum access to training at this level. A taught level 3 module regarding Child Sexual Exploitation will also be developed, raising awareness of staff responsibilities to identify and safeguard this very vulnerable group of children. Training attendance and quality will be audited as part of the planned *Safeguarding Knowledge and Skills Audit*.
- 15.8 The practice of reviewing significant local incidents will continue and any lessons learnt will be disseminated to Trust staff and the wider Health community as appropriate.
- 15.9 The completion of the Looked After Children Team Action Plan will be a priority, particularly the requirement to improve Trust performance in the delivery of Initial and Review Health Assessments.
- 15.10 The Safeguarding Children Team will participate fully in the planned reorganisation of Trust safeguarding children and adults in need services to create a fully integrated Trust Safeguarding Service.
- 15.11 The Trust Board will continue to receive an annual report giving assurance that Somerset Partnership is complying with its statutory responsibilities to safeguard and promote the welfare of children and young people as set out in Section 11 of the Children Act 2004.

## **16. RECOMMENDATIONS**

- 16.1 The Board is asked to accept this report as evidence that Somerset Partnership NHS Foundation Trust has in place robust arrangements to safeguard and promote the welfare of children and young people in accordance with Section 11 of the Children Act 2004.
- 16.2 The Board is asked to note the contents of this report.

## APPENDIX 1

### Health Visitors and School Nurses Child Protection Activity - ATTENDANCE AT MEETINGS

#### Cumulative Totals for April 2012 - March 2013

#### Care Quality Commission Outcome 7

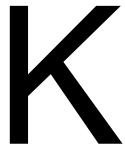


AREA	Child Protection Case Conferences			Core Group Meetings		Family Support Meetings (Type 1 & 2 Child in Need Meetings)		Professionals Meetings*		Looked After Children Review Meetings		Core Group, Family Support/Prof meetings called by health	
	Number Invites	Number of Reports	Number attended	Number Invites	Number attended	Number Invites	Number attended	Number Invites	Number attended	Number Invites	Number attended	Number Invites	Number attended
<b>South Somerset</b>													
April-June 2012	25	22	19	24	21	18	16	15	14	8	8	4	4
July-Sept 2012	28	22	22	25	18	13	10	12	12	9	5	5	5
Oct-Dec 2012	50	30	45	55	52	13	11	24	21	6	6	7	7
Jan-March 2013	41	33	34	42	38	19	17	25	25	16	13	2	4
<b>2012 - 13 Total</b>	<b>144</b>	<b>107</b>	<b>120</b>	<b>146</b>	<b>129</b>	<b>63</b>	<b>54</b>	<b>76</b>	<b>72</b>	<b>39</b>	<b>32</b>	<b>18</b>	<b>20</b>
2011 - 12 Total	144	114	119	168	148	61	40	54	49	66	58	22	20
<b>Sedgemoor</b>													
April-June 2012	52	52	51	47	43	34	32	15	13	13	13	5	5
July-Sept 2012	25	25	21	23	22	20	18	9	9	4	3	2	2
Oct-Dec 2012	59	58	57	57	52	36	35	10	9	13	11	1	1
Jan-March 2013	54	51	44	44	40	33	32	9	9	15	14	0	0
<b>2012-13 Total</b>	<b>190</b>	<b>186</b>	<b>173</b>	<b>171</b>	<b>157</b>	<b>123</b>	<b>117</b>	<b>43</b>	<b>40</b>	<b>45</b>	<b>41</b>	<b>8</b>	<b>8</b>
2011-12 Total	139	113	130	126	121	73	68	22	19	30	28	12	13
<b>Taunton &amp; West Somerset</b>													
April-June 2012	36	28	32	21	13	20	18	12	10	6	7	1	1
July-Sept 2012	61	42	45	51	42	28	22	13	12	12	12	2	2

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Oct-Dec 2012	38	21	28	38	35	32	27	13	13	19	13	1	1
Jan-March 2013	43	25	27	21	18	26	23	19	17	30	27	2	2
<b>2012-13 Total</b>	<b>178</b>	<b>116</b>	<b>132</b>	<b>131</b>	<b>108</b>	<b>106</b>	<b>90</b>	<b>57</b>	<b>52</b>	<b>67</b>	<b>59</b>	<b>6</b>	<b>6</b>
2011-12 Total	194	142	158	216	184	110	92	50	43	75	61	11	11

<b>Mendip</b>													
April-June 2012	18	18	18	29	26	13	13	7	7	5	4	2	1
July-Sep 2012	25	24	24	11	5	8	8	5	5	3	2	1	1
Oct-Dec 2012	25	22	23	15	16	7	6	5	5	11	11	1	1
Jan-March 2013	27	22	22	27	22	8	8	4	5	11	8	1	1
<b>2012-13 Total</b>	<b>95</b>	<b>86</b>	<b>87</b>	<b>82</b>	<b>69</b>	<b>36</b>	<b>35</b>	<b>21</b>	<b>22</b>	<b>30</b>	<b>25</b>	<b>5</b>	<b>4</b>
2011-12 Total	90	61	81	76	61	30	21	29	26	34	27	10	9
<b>TOTAL ALL AREAS 2012-13</b>	<b>607</b>	<b>495</b>	<b>512</b>	<b>530</b>	<b>463</b>	<b>328</b>	<b>296</b>	<b>197</b>	<b>186</b>	<b>181</b>	<b>157</b>	<b>37</b>	<b>38</b>
<b>TOTAL ALL AREAS 2011-12</b>	<b>567</b>	<b>430</b>	<b>488</b>	<b>586</b>	<b>514</b>	<b>274</b>	<b>221</b>	<b>155</b>	<b>137</b>	<b>205</b>	<b>174</b>	<b>55</b>	<b>53</b>



**Health Visitors and School Nurses Child Protection Activity - REFERRALS AND ASSESSMENTS**  
**Cumulative Totals for April 2012 - March 2013**  
**Care Quality Commission Outcome 7**

AREA	No. referrals to CSC re Child in Need / Child Protection	Initial Assessments (7 Days)		Core Assessments (35 days)		Court Reports Completed
		Number of verbal contributions given	Number of written contributions given	Number of verbal contributions given	Number of written contributions given	
<b>South Somerset</b>						
April-June 2012	15	43	1	6	3	3
July-Sept 2012	19	54	5	19	0	3
Oct-Dec 2012	22	52	1	11	4	4
Jan-March 2013	16	50	2	20	3	4
<b>2012-13 Total</b>	<b>72</b>	<b>199</b>	<b>9</b>	<b>56</b>	<b>10</b>	<b>14</b>
2011-12 Total	47	145	15	30	5	7
<b>Sedgemoor</b>						
April-June 2012	12	73	6	19	5	3
July-Sept 2012	2	146	1	0	1	1
Oct-Dec 2012	10	47	7	10	8	1
Jan-March 2013	8	17	7	9	4	1
<b>2012-13 Total</b>	<b>32</b>	<b>283</b>	<b>315</b>	<b>38</b>	<b>18</b>	<b>6</b>
2011-12 Total	24	202	226	26	8	5
<b>Taunton &amp; West</b>						



<b>Somerset</b>						
April-June 2012	10	40	2	4	1	0
July-Sept 2012	14	51	25	21	6	0
Oct-Dec 2012	7	40	5	5	2	0
Jan-March 2013	16	34	11	4	4	4
<b>2012-13 Total</b>	<b>47</b>	<b>165</b>	<b>43</b>	<b>34</b>	<b>13</b>	<b>4</b>
2011-12 Total	72	290	22	38	4	12

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<b>Mendip</b>						
April-June 2012	3	29	0	16	0	0
July-Sep 2012	4	12	1	0	0	0
Oct-Dec 2012	5	21	2	8	1	1
Jan-March 2013	2	15	3	9	3	3
<b>2012-13 Total</b>	<b>14</b>	<b>77</b>	<b>6</b>	<b>33</b>	<b>4</b>	<b>4</b>
2011-12 Total	13	73	8	12	2	1

<b>TOTAL ALL AREAS 2012-13</b>	<b>165</b>	<b>724</b>	<b>373</b>	<b>161</b>	<b>45</b>	<b>28</b>
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<b>TOTAL ALL AREAS 2011-12</b>	<b>156</b>	<b>710</b>	<b>271</b>	<b>106</b>	<b>19</b>	<b>25</b>
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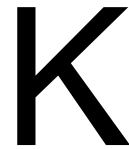


**OPEN CLINICAL SUPERVISION AND DOMESTIC ABUSE NOTIFICATION FIGURES  
BY HEALTH VISITOR AND SCHOOL NURSE TEAM  
2012 - 2013**

PRACTICE	OPEN CLINICAL SUPERVISION CASES - HV				DOMESTIC ABUSE NOTIFICATIONS			
	1 <sup>st</sup> Qrt (April – June 2012)	2 <sup>nd</sup> Qrt (July – Sept 2012)	3 <sup>rd</sup> Qrt (Oct – Dec 2012)	4 <sup>th</sup> Qrt (Jan – Mar 2013)	1 <sup>st</sup> Qrt (April – June 2012)	2 <sup>nd</sup> Qrt (July – Sept 2012)	3 <sup>rd</sup> Qrt (Oct – Dec 2012)	4 <sup>th</sup> Qrt (Jan –Mar 2013)
<b>MENDIP EAST</b>								
<b>Beckington</b>	14	9	9	31	0	1	2	1
<b>Coleford</b>	6	4	6	8	0	1	0	3
<b>Frome</b>	104	51	51	46	37	32	16	28
<b>Shepton Mallet</b>	25	25	25	31	13	26	17	14
<b>School Nurses</b>	16	25	49	54	11	12	9	8
<b>MENDIP WEST</b>								
<b>Glastonbury</b>	10	23	23	20	12	9	10	5
<b>Street</b>	8	8	8	14	10	7	13	6
<b>Wells</b>	4	5	5	8	3	9	4	9
<b>School Nurses</b>	14	19	16	16	11	1	0	0
<b>SOUTH SOMERSET WEST</b>								
<b>Chard</b>	19	18	16	25	21	16	17	20
<b>Crewkerne</b>	5	5	8	11	7	16	5	2
<b>Ilchester</b>	6	5	4	4	0	2	0	0
<b>Ilminster</b>	12	13	12	11	1	7	10	3
<b>Langport</b>	6	6	5	6	1	3	2	3
<b>Martock/South Petherton</b>	9	15	14	14	7	3	2	3
<b>Somerton</b>	12	12	11	9	6	6	11	6
<b>Stoke Sub Hamdon</b>	4	3	7	7	2	4	1	1
<b>School Nurses</b>	52	12	13	19	4	10	11	3
<b>SOUTH SOMERSET EAST</b>								
<b>Charter House, Yeovil</b>	71	81	97	95	55	60	14	53
<b>Wincanton/Bruton/Castle Cary</b>	22	24	25	28	9	15	2	12
<b>School Nurses</b>	31	34	25	66	5	8	9	8
<b>TAUNTON</b>								
<b>Blackbrook</b>	29	34	24	21	16	16	12	9
<b>College Way</b>	13	13	13	11	3	2	2	6
<b>Creech St Michael</b>	5	5	3	1	2	4	3	0
<b>Crown</b>	19	11	11	12	9	9	7	4
<b>French Weir</b>	16	14	15	16	6	11	14	7
<b>Lyngford Park</b>	23	19	19	17	8	4	14	3
<b>St James</b>	12	19	20	19	13	21	13	13
<b>Victoria Gate</b>	8	9	9	8	6	18	8	9
<b>Warwick House</b>	4	5	6	7	2	2	1	5
<b>School Nurses</b>	31	33	43	53	18	29	31	26

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PRACTICE	OPEN CLINICAL SUPERVISION CASES – HV				DOMESTIC ABUSE NOTIFICATIONS			
	1 <sup>st</sup> Qrt (April – Jun 2012)	2 <sup>nd</sup> Qrt (Jul – Sep 2012)	3 <sup>rd</sup> Qrt (Oct – Dec 2012)	4 <sup>th</sup> Qrt (Jan – Mar 2013)	1 <sup>st</sup> Qrt (April – Jun 2012)	2 <sup>nd</sup> Qrt (July – Sept 2012)	3 <sup>rd</sup> Qrt (Oct – Dec 2012)	4 <sup>th</sup> Qrt (Jan – Mar 2013)
<b>WEST SOMERSET</b>								
Bishops Lydeard	2	2	3	4	1	1	2	1
Dulverton	3	3	4	2	0	4	0	1
Dunster	1	1	3	1	0	0	0	0
Luson	7	6	8	9	3	5	3	4
Irnham Lodge / Harley	15	13	9	11	13	11	9	9
Wellington	14	11	9	12	6	8	4	9
Williton	11	10	9	8	2	2	3	7
Wiveliscombe	5	5	4	4	3	4	1	3
School Nurses	12	18	18	22	0	6	9	5
<b>NORTH SEDGEMOOR</b>								
Axbridge, Brent & Cheddar	13	14	12	13	2	0	0	3
Highbridge & Burnham	34	34	47	27	13	24	8	14
School Nurses	3	0	0	0	0	0	0	0
<b>SOUTH SEDGEMOOR</b>								
Cranleigh Gardens	14	19	18	23	4	13	8	5
Cannington/ Quantock	5	6	4	5	1	0	3	1
East Quay	17	16	27	23	7	14	20	10
Edington	10	8	9	10	0	0	6	2
Redgate / Somerset Bridge	40	35	34	23	12	15	18	14
Taunton Road	32	30	39	37	14	19	10	6
Victoria Park	16	13	14	17	6	5	6	4
School Nurses	17	36	44	127	17	37	28	38
<b>TOTALS</b>	<b>TOTAL NUMBERS OF OPEN SUPERVISION CASES MARCH 2013</b> <i>(March 2012 figures in brackets)</i>				<b>TOTAL NUMBERS OF DOMESTIC ABUSE NOTIFICATIONS RECEIVED 2012-2013</b>			
<b>MENDIP</b>	228 (133) <b>71% INCREASE</b>				340 (361) <b>6% DECREASE</b>			
<b>SOUTH SOMERSET</b>	295 (219) <b>35% INCREASE</b>				465 (649) <b>28% DECREASE</b>			
<b>TAUNTON AND WEST</b>	238 (216) <b>10% INCREASE</b>				524 (513) <b>2% INCREASE</b>			
<b>SEDGEMOOR</b>	305 (192) <b>59% INCREASE</b>				358 (485) <b>26% DECREASE</b>			



**SOMERSET PARTNERSHIP NHS FOUNDATION TRUST**  
**2012/13 SAFEGUARDING ADULTS PROGRESS REPORT**

**1. PURPOSE OF THE REPORT**

- 1.1 To advise the Trust Board with regards to the Safeguarding Vulnerable Adults activity for 2012/2013. This supports the Trust focus on the Care Quality Commission (CQC) safeguarding requirements, under Outcome 7 'Safeguarding people who use services from abuse' outlined in Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.
- 1.2 The report should also provide assurance to the Board that the Trust has a process in place for monitoring safeguarding adult activity and developments.
- 1.3 The report also ensures that all Board members are fully aware of all Safeguarding activity in accordance with the No Secrets Guidance (2000)

**2. SAFEGUARDING ADULTS TEAM COMPOSITION**

- 2.1 The Mental Health and Social Care Directorate Safeguarding Adults Team consists of:
  - an Executive Safeguarding Adult Lead on the Trust Board and an identified Non-Executive Lead for Safeguarding Adults and Children;
  - Acting Lead Professionals for Safeguarding Adults (Previously Professional Head of Safeguarding Adults);
  - Lead Nurse for Safeguarding Adults (Mental Health and Social Care Directorate).
- 2.2 Safeguarding Professional Co-ordinator and Trust Lead for Domestic violence. Role includes:
  - Trust Lead/SPOC (Single Point of Contact) for MAPPA (Multi-Agency Public Protection Arrangements for Dangerous Offenders);
  - Trust Lead/SPOC for MARAC (Multi Agency Risk Assessment Conference for High level Domestic Abuse);

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- Trust Lead/SPOC for PREVENT (Government Strategy to Counter Terrorism).
- 2.3 The Community Health Services Directorate (CHSD) has a full-time Lead for Safeguarding Adults at Risk. This title was changed in line with the 'No Secrets' recommendations and in line with Adult Social Care (ASC) policy updates.
- 2.4 The CHSD Lead for safeguarding is now supported by 18 safeguarding champions, two from each of the federations:- one from the community nursing services and one from each of the community hospitals, and is also supported by safeguarding link workers attached to each of the specialist services
- 2.5 The Trust has established the role of a Named Doctor for Safeguarding Adults providing additional safeguarding advice and support to the Trust's Safeguarding Team and Trust staff.
- 2.6 The Trust has a named Doctor for Safeguarding Children.

### **3. CURRENT POSITION**

- 3.1 Close liaison between the Executive Safeguarding Lead and the Acting Leads for Safeguarding Adults has ensured that Trust Wide services and practice developments incorporate consideration of the Safeguarding agenda and associated issues.
- 3.2 The Acting Leads for Safeguarding Adults work closely with the Lead for Safeguarding Adults at Risk within the CHSD to utilise the Department of Health 'Safeguarding Adults Self Assessment and Assurance Framework for Health Care Services.' This has led to the appended Safeguarding Adults Action Plan. The work to improve weaker areas is under way across both Directorates and includes:
- under reporting within some areas of CHSD;
  - standardising Level 'A' Mandatory Training;
  - no single electronic recording system across both directorates;
  - implementation of the Mental Capacity Act.
- 3.3 The improvement plan will be progressed and monitored through the Adult Safeguarding Steering Group.

- 3.4 The Trust Safeguarding Adults Steering Group, chaired by the Executive Director for Mental Health and Social Care includes representative Senior Managers across both Directorates. Quarterly meetings aim to ensure that plans and developments are transferred into practice and acts as one form of ensuring information is passed on. The Non Executive Director for Safeguarding also has an open invitation to attend. The Acting Leads for Safeguarding Adults continue to encourage the attendance of agreed participants, and it has been acknowledged that a review of attendees would be beneficial.
- 3.5 The Clinical Governance Group are provided with combined Directorates Safeguarding Adults Reports on a quarterly basis, thus providing further assurance that safeguarding adult processes and developments are closely monitored.
- 3.6 It is the responsibility of each Community Mental Health Team (CMHT) Manager to identify Leads for Safeguarding Adults. This has been established in the Mental Health and Social Care Directorate teams for the last four years. The Team Leads for Safeguarding Adults have met quarterly with the Acting Leads for Safeguarding Adults. This ensures they are updated with local and national safeguarding developments and enables them to have the opportunity to meet with their peers to ensure consistency, shared knowledge and experience and to enable reflection to further enhance safeguarding practice. Policy, practice and training requirements are standing agenda items as is the review and update of the safeguarding adult's action plan. It has been acknowledged that a review of attendees would be beneficial as attendance has been variable over the last 12 months.
- 3.7 The Lead for Safeguarding Adults at Risk for the CHSD is supported by 18 Safeguarding Champions. There are two Champions in each Federation one for Community Services and the other for Community Hospitals. Additionally each specialist services have a Link Champion.
- 3.8 The relationship between the Trust's Risk Management Team and the Safeguarding Adults Team continues to be strong. The developments in the Datix system ensure that Datix reports are received by the Safeguarding Leads in addition to the Local Service Managers and other key staff. The improvement to the profile of safeguarding within the Datix system has led to an increase in reports having the safeguarding elements considered by the Safeguarding Adults Team.
- 3.9 The Safeguarding Intranet pages contain policies and procedures as well as other useful information and contact details. These pages are regularly reviewed and updated. The MAPPA, MARAC and PREVENT information has been added to these pages and all safeguarding related forms can also be easily located via the Safeguarding pages. MH&SCD and CHSD staff have access to the Safeguarding information.

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- 3.10 The Trust's Safeguarding Adults Team continues to provide easily accessible face to face, telephone and email contact to all staff. This allows for specialist safeguarding advice, support and guidance to staff at all levels across the Trust. The team continue their close working relationships with partner agencies and colleagues, this is a fundamental aspect of all safeguarding and there has been positive feedback from both the Somerset County Council and NHS Somerset.
- 3.11 Close working relationships exist between the Trust's Safeguarding Adults Services and Safeguarding colleagues in all other agencies with local links established across Somerset and outside when required.
- 3.12 The Safeguarding Adult administrators have developed a live spreadsheet recording progression of Alerts, Initial Discussion Record (IDR) and Monitoring forms in conjunction with the local authority. This allows the administrators to track referrals coming into the service and ensures Mental Health and Social Care Directorate (MH&SCD) are meeting the agreed timeframes detailed by the Safeguarding Adults Board (SAB). Quarterly returns are required by the local authority and assist them to meet Department of Health (DOH) requirements.
- 3.13 The close working relationship between the Trust's Safeguarding Adults Team in relation to MAPPa and MARAC with the Police and Probation services has been enhanced by the work of the Safeguarding Professional Co-ordinator, who is also the Trust Lead for Domestic Violence, MARAC & MAPPa. The reputation of this worker with the police and probation services is exceptional and is continually commended by police and probation service colleagues.
- 3.14 PREVENT is one arm of the governments strategies to counter terrorism. The program designed for delivering awareness raising in the health sector is HEALTH WRAP. Following a revision of the NHS contract all organisation receiving NHS funding will now be required to demonstrate that they are delivering the PREVENT agenda via Health Wrap. Somerset Partnership currently has three qualified trainers. The training is delivered via a DVD and a facilitated discussion. Throughout 2012 we have submitted nil returns to NHS South of England. There is a plan in place to deliver the training to seven pilot teams which will commence from the 1 May 2013. The Trust will then need to develop a plan to deliver the program to high risk groups in the Trust, which have been identified by NHS South of England as: Mental Health, learning disabilities, CAMHS and the prison.
- 3.15 Further work is currently underway between the Acting Lead for Safeguarding Adults and the Police Safeguarding Team to continue to develop current Information Sharing Protocols (ISP). Regular meetings with the Police and Local Authority have just been agreed and consideration will be given to invite the probation service.

- 3.16 At present within the Somerset Partnership the majority of Safeguarding Adult Strategy meetings are chaired by Team Leads within the Mental Health and Social Care Directorate, with some of the more complex cases being chaired by the Acting Leads for Safeguarding Adults and Lead Nurse for Safeguarding Adults.
- 3.17 Staff in the CHSD continue with the previous arrangements and do not manage safeguarding adult cases but refer to Somerset Adult Social Care and the Somerset Partnership MH&SCD; as the existing differences between the commissioning arrangements of the two services remain. There have been recent discussions between the Executive Safeguarding Adult Lead for Somerset Partnership and the Local Authority Executive Lead for Safeguarding to consider new proposals for how an integrated Somerset Partnership Safeguarding Team will be developed.
- 3.18 All safeguarding adults and children issues identified during the Out of Area Treatments/Residential Panel are referred to the relevant Safeguarding Team for follow up and are noted on the RiO patient record system.

#### **4. MULTI AGENCY WORKING – SAFEGUARDING**

- 4.1 The Executive Director represents the Trust at the Executive Safeguarding Adults Board (SAB) .All of the Safeguarding Board sub-groups have representatives from the Trust and these are set out below. The Safeguarding structure developed by the Local Authority is currently under review.
- 4.2 Trust Adult Safeguarding Representation:

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<b>Group</b>	<b>Title</b>
Executive Somerset Safeguarding Adults Board	Director Mental Health & Social Care - MH&SCD
Somerset Safeguarding Adults Board (SAB)	Director Mental Health & Social Care - MH&SCD
Health Operational Group (LSCB) <i>This group ceased in Nov 2012 and its responsibilities transferred to Social Care and Health Operational Leads.</i>	Lead for Safeguarding Adults At Risk CHSD
Serious Case Review (SAB)	Acting Leads for Safeguarding Adults- MH&SCD Lead for Safeguarding Adults At Risk CHSD
Social Care and Health Operational Leads	Acting Leads for Safeguarding Adults. Named Patient Manager-MH&SCD Lead for Safeguarding Adults At Risk CHSD Head of Service - Older People & Learning Disabilities / Head of Professional Social Work-MH&SCD
Learning & Development	Acting Leads for Safeguarding Adults-MH&SCD
DOLS & MCA Implementation (SAB)	Mental Health Act Co-ordination Manager- MH&SCD Lead for Safeguarding Adults At Risk CHSD
Policy Review (SAB)	Acting Lead for Safeguarding Adults at Risk MH&SCD Lead for Safeguarding Adults At Risk CHSD
MAPPA Strategic Management Board	Acting Leads for Professional Head for Safeguarding Adults.
MAPPA SMB Health Sub Group	MARAC & MAPPA Trust Lead-MH&SCD
Somerset Domestic Abuse Strategic Development Group	MARAC & MAPPA Trust Lead-MH&SCD
Somerset Domestic Homicide Review Group (convened when required)	Professional Head for Safeguarding Adults- MH&SCD or the relevant Head of Service
Multi Agency Public Protection Arrangement Meetings (3 per month county-wide)	MARAC & MAPPA Trust Lead-MH&SCD
Multi Agency Risk Assessment Conferences (4 per month county-wide)	MARAC & MAPPA Trust Lead-MH&SCD
Multi-Agency Quality Review Group SAB with CQC	Lead for Safeguarding Vulnerable Adults- CHSD  Named Patient Manager-MH&SCD  Head of Service - Older People & Learning Disabilities/ Head of Professional Social Work-MH&SCD



- 4.3 The Safeguarding Adults Team have positive and established links with the Trust's Children's Safeguarding Team.
- 4.4 The Lead Nurse for Safeguarding Adults and Specialist CAMHS is now solely the Lead Nurse for Safeguarding Adults. This decision was made to address the increasing demand for Safeguarding Adults advice. Whilst integration plans are confirmed the Lead Nurse continues to receive monthly lists from the LSCB of all children in Somerset who are subject to a Child Protection Plan.
- 4.5 The Locality Safeguarding Children Nurses within CHSD will receive Information about Child Protection Conferences. This is cross-referenced with RiO records, appropriate safeguarding progress notes are made, and information is shared with appropriate Trust staff in the MH&SCD that supports the informed decision making of the statutory safeguarding children process and ensures attendance of relevant Trust staff and good involvement in the safeguarding children process.
- 4.6 The Trust's staff in adult/older people's services has a statutory duty to attend and contribute to Child Protection Conferences and the Safeguarding Adults and the Safeguarding Children Teams ensure the attendance of the most appropriate person and/or the submission of a report where appropriate. If the allocated worker is not available the Locality Safeguarding Children Nurses will endeavour to attend on behalf of the Trust.
- 4.7 The Safeguarding Adult Team have been working with colleagues in NHS Somerset, Taunton and Somerset and Yeovil District Hospitals on developing a 'trigger tool' to ensure safeguarding issues are picked up and dealt with consistently across community inpatient services. This was piloted in three community hospitals and has highlighted that due process does not always follow. The intention is for the Lead for Safeguarding Adults in CHSD to formulating a plan to address the findings from the pilot before the protocol is established across all CHSD wards. The outcome of this review is being considered by NHS Somerset.

## **5. LEARNING AND DEVELOPMENT**

- 5.1 Members of the Safeguarding Adults Team attend both local and national conferences and inter-agency workshops to further enhance safeguarding knowledge and progressive practice within our own Trust.
- 5.2 The primary training focus for Team Leads for safeguarding over the coming year will be to ensure an increase in the level of inter-agency safeguarding training undertaken by their team members to compliment current in-house provision.

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- 5.3 Previously the Professional Head for Safeguarding Adults has proposed that a joint Learning and Development Conference for managers to be facilitated by the Trust in partnership with Somerset County Council and the Police Safeguarding Teams. Apart from meeting the requirement for Trust Managers Safeguarding training this will provide a valuable opportunity to continue to enhance inter-agency working and cohesion between safeguarding services across Somerset.
- 5.4 The Trust Corporate Induction Programme has changed this year from a three day programme for new staff to one day. The new Trust corporate induction timetable does not allow for the previous programme to be delivered but the course material is now delivered through Mandatory Level A training and all new staff joining the Trust are expected to attend this within three months of their employment.
- 5.5 During the year the Mandatory Adults at Risk Level A training separated, following feedback from staff that the training needs for MH&SC staff differed from CHS. This was due to their differing roles and responsibilities linked to the safeguarding processes for each Directorate.
- 5.6 The CHSD Safeguarding lead provides localised training which is adapted to the services requesting for the session. A+ sessions have been provided as a response to a gap in knowledge, as an agreed action or at the request of the line manager.

<b>A+ Training / Working Together</b>	
<b>Date</b>	<b>Location</b>
05.09.12	Wynford House
26.09.12	Foundation House
24.10.12	West Mendip
07.11.12	BCH
16.11.12	Ring O'Bells
30.11.12	BCH
29.01.13	Wynford House
20.02.13	Chard - cancelled
21.03.13	West Mendip

<b>MCA Training</b>	
<b>Date</b>	<b>Location</b>
14.12.12	BCH
21.02.13	Charter House
28.02.13	BOSH
29.02.13	Williton
14.02.13	Parkgate
11.03.13	West Mendip
05.02.13	Shepton Mallet

Community Hospital Training	
Date	Location
04.04.12	Frome - Cancelled
11.04.12	Minehead
19.04.12	Shepton Mallet
26.04.12	West mendip - Cancelled
03.05.12	Wellington -Cancelled
13.06.12	Williton
28.06.12	West Mendip - cancelled
11.07.12	Crewkerne
25.07.12	BCH
08.08.12	BOSH
27.08.12	Dene Barton - Cancelled
04.09.12	Dene Barton - Cancelled
24.09.12	Chard - Cancelled
01.10.12	Chard
22.10.12	Dene Barton
12.02.13	Wellington - Cancelled
25.02.13	Shepton Mallet
20.03.13	Williton

- 5.7 Since 1 April 2012 CHSD staff receive a combined Directorate Safeguarding Adults training programme. The Trust's Training and Development Team facilitate this. There is a commitment between the Safeguarding Adults Team and the trainer to ensure quarterly meeting to enable current practice issues and case examples to be shared, thus ensuring that the training material remains relevant and up-to-date to meet the needs of Trust staff. Ideally, increased staffing capacity within the Safeguarding Adults Team would enable practitioners to provide the training first hand.

## 6. ATTENDANCE AT CHILD DEATH REVIEW PANELS/DEATH REVIEW GROUPS

- 6.1 There has not been any new review panels convened in the past six months.

## 7. POLICIES, PROCEDURES AND GUIDANCE & PRACTICE ISSUES

- 7.1 The revised and agreed Trust's Safeguarding Adults Policy that combined both Directorates' previous policies is operational. Somerset Safeguarding Adults at Risk Policy was updated. The Trust

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Safeguarding Leads are required to update the existing Trust Safeguarding Adult Policy to reflect the changes in the Somerset Safeguarding Policy and take into consideration any Somerset Partnership organisational changes brought about by integration. The new local authority policy is being distributed throughout the Trust.

- 7.2 The Managing Allegations against Staff Policy, in the context of the Safeguarding Children and Safeguarding Vulnerable Adult Policy, has been operational since April 2011. Further work is now required in liaison with the police to ensure that the organisation is reporting potential crimes.
- 7.3 There is a 'Managing Disclosures of Historical Child Abuse Policy.' This has now been ratified and distributed within the organisation.
- 7.4 The Lead for Safeguarding Adults at Risk – CHSD has reviewed and updated the Safeguarding Adults at Risk Toolkit to reflect the changes within the policy and the accompanying quick guides which are available for all clinical areas across the CHSD. There are now 16 quick guides and the information contained will be available on the Intranet for MH&SCD staff.
- 7.5 Safeguarding awareness raising displays were set up for a month in each community hospital and in several GP practices. The purpose was to provide basic information on all aspects of safeguarding and to provide contact details. The boards were well received and had positive feedback.
- 7.6 Within the MH&SCD the developments in the RiO patient record system allow for safeguarding concerns and advice sought to be recorded, easily identified, and cross-referenced with identified safeguarding risks and for alerts to be placed on the patient's file. The addition of the MAPPA and MARAC categories on RiO has assisted teams to accurately record the work they are doing.
- 7.7 The roll out of RiO across the Community Health Services Directorate remains a high priority for the Trust. During 2012 Podiatry, Public Health Nursing, Cardiac rehab and six community health services have moved across to RiO.

## 8. COMMUNITY HEALTH SERVICE DIRECTORATE SAFEGUARDING ACTIVITY

### Safeguarding Referrals information 1 April 2012 – 31 March 2013

	Individual Referrals		Care Homes Referrals	
	Referral	Closed	Referral	Closed
April 2012	6	1	3	0
May 2012	18	2	20	2
June 2012	17	0	13	2
July 2012	16	20	11	6
Aug 2012	19	2	7	0
Sept 2012	18	3	4	0
Oct 2012	27	7	8	1
Nov 2012	21	7	27	2
Dec 2012	21	11	13	13
Jan 2013	14	9	16	1
Feb 2013	15	7	10	7
March 2013	19	7	16	13
	<b>211</b>	<b>76</b>	<b>148</b>	<b>47</b>

**Individual Referral** relate to the referrals received where concerns raised relate to a specific person

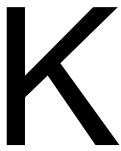
**Care Home Referral** relate to the referrals received relating to a whole Service concern.

- 8.1 The total Safeguarding Adults at Risk Referrals for 2012/13 was 359. With a total of cases closed for the same period of one hundred and twenty three. This demonstrates an overall increase in referrals of 25%.

#### Areas of Concern Raised by the Refer

	Individual	Care Homes
Physical	149	114
Emotional/Psychological	25	6
Financial	24	2
Environment	4	1
Neglect	7	14
Discriminatory	0	1
Sexual	2	3
Institutional	0	7
<b>Total</b>	<b>211</b>	<b>148</b>

Categories identified in 'No Secrets' and Somerset Safeguarding Adults Board 'Safeguarding Adults at Risk in Somerset' policy.



### Breakdown of the Concern Raised in Each Localities

	<b>Individual</b>	<b>Care Homes</b>
Bridgwater Bay	41	25
North Somerset	18	14
South Somerset	36	31
West Somerset	13	7
East Mendip	17	15
Central Mendip	14	7
West Mendip	21	12
Taunton	37	32
Chard/Crewkerne/Ilminster	14	5
<b>Total</b>	<b>211</b>	<b>148</b>

- 8.2 There has been a 25% increase in activity and reporting over the previous year.
- 8.3 The main reason for cases being closed, still remains access to follow-up information was not available, therefore, to make the database meaningful all cases referred to in the last period were closed and recorded as 'no further information available'. It is hoped this will be rectified one all CHSD have access to RiO
- 8.4 There have been seven referrals to the Independent Mental Capacity Advocate (IMCA) service. Four instructions relating to a change of accommodation and three for people how have been in a hospital for over 28 days. There were no instruction made under the category for 'serious medical treatment'

### 9. MENTAL HEALTH AND SOCIAL CARE DIRECTORATE SAFEGUARDING ACTIVITY

- 9.1 In the last three months (1January-31 March 2013) there were 917 safeguarding progress notes made, recording safeguarding advice and support on electronic patient records, by the four members of the MH&SCD team which cover both adult and CAMHS services. This figure has increased each quarter throughout 2012 and reflects a high but workload across all areas of the MH&SC Directorate.
- 9.2 The Trust has a system in place for coding Safeguarding documents on patient's electronic records using a 'Safe' code. This system enables filtering and identification of documents. This enhances planning of interventions and care plans the protection of patients and enhance inter-agency working. This system has been in place since January 2010. An example of the last three months (1January- 31 March 2013) there have been 906 safeguarding documents uploaded on to the

system relating to 544 different patient files. This represents a 20 % increase over the twelve month period.

9.3 The system of placing safeguarding alerts on patients' electronic records has been in practice since January 2010. The aim of the alerts is to ensure that all staff working with patients have clear information readily available to them to enable consideration of risks. The risks highlighted enable appropriate care planning and risk management, thus enhancing the safety of patients, staff and the public.

#### 9.4 Current Recorded Alerts of RiO

##### No. of Alerts

Alert	Total
Domestic abuse - alleged perpetrator	1226 in 2012/13 compared to 1094 in 2011/12
Domestic abuse – victim	1024 in 2012/13 compared to 900 in 2011/12
Safeguarding children concerns (identified by the Safeguarding Adults Team and this includes concerns regarding risks to children that our patients may present as well as external risks to children including those notified by the LSCB)	2022 in 2012/13 compared to 1286 in 2011/12
Adults at risk	1425 in 2012/13 compared to 1199 in 2011/12
<b>Total</b>	<b>5695 in 2012/13 compared to 4479 in 2011/12</b>

9.5 The volume of Datix reports has increased since the redesign of the reporting form which now has the safeguarding question at the top of the form and, while all these are not pure safeguarding the notifications allow us to 'make a judgement' and ensure any actions required are taken.

## 10. REPORT SUMMARY

10.1 The Department of Health Safeguarding Adults Self Assessment has helped formulate the Safeguarding Adults action plan and will provide a focus for Safeguarding Adult developments across the Trust over the coming year. Work is underway to address the amber areas.

10.2 The Trust's Safeguarding Adults Steering Group will monitor progress across Safeguarding services.

10.3 The Safeguarding Adults MH&SC directorate have acting arrangements in place whilst a Head of Safeguarding is sought.

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- 10.4 The changes since April 2012 to the way in which police safeguarding services are delivered provides an opportunity for the Trust to review the safeguarding services it provides to ensure safeguarding roles remain closely linked. Co-location of services could be considered in the future.

## **11. RECOMMENDATION**

- 11.1 The Trust Board is asked to discuss the contents of the report.

**INTERIM CHIEF OPERATING OFFICER/DEPUTY CHIEF EXECUTIVE**

**JOINT ACTING LEADS FOR SAFEGUARDING ADULTS AT RISK MH&SCD**

**LEAD SAFEGUARDING ADULTS AT RISK FOR CHSD**